



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

January 30, 2007

Robert Williams, Administrator  
The Haven  
1119 West Hudson Avenue  
Nampa, ID 83651

License #: RC-832

Dear Mr. Williams:

On December 20, 2006, a complaint investigation, follow-up/revisit, state licensure survey was conducted at The Haven. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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December 27, 2006

Robert Williams, Administrator  
The Haven  
1119 West Hudson Avenue  
Nampa, ID 83651

Dear Mr. Williams:

On December 20, 2006, a follow-up visit to the complaint investigation/state licensure survey of October 13, 2006, was conducted at The Haven. The core issue deficiencies issued as a result of the October 13, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 19, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' or 'J. Simpson'.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

c: Lynne Denne, Program Manager, Regional Medicaid Services, Region III – DHW  
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards



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## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name The Haven	Physical Address 1119 West Hudson Ave	Phone Number
Administrator Robert Williams	City Nampa	ZIP Code 83651
Survey Team Leader Karen McDonald	Survey Type Flu Survey	Survey Date 12-20-06

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

12-1-20-07

Signature of Facility Representative  
 Cynthia Williams